



MARYLAND DEPARTMENT OF JUVENILE SERVICES

SECRETARY'S DIRECTIVE

OPI: Office of Restorative Justice Operations
NUMBER: CJ-2-03
EFFECTIVE DATE: 1-31-02 ** (REVISED 09-08-03) **
SUBJECT: Treatment Service Plan (TSP) Policy
APPLICABLE TO: Restorative Justice Operations Staff

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1. **PURPOSE AND SCOPE.** The Secretary of the Department of Juvenile Services (DJS) establishes this Treatment Service Plan (TSP) Policy Directive to set forth standard procedures for a Case Manager to follow in the development and implementation of a *Treatment Service Plan (Appendix 1)* for each youth under the authority of the Department. The Department requires a Case Manager to complete a TSP for each youth in Secure Detention, Community Detention, and Shelter Care pending adjudication, committed to DJS for placement, probation, or aftercare supervision.
2. **POLICY.** It is Departmental policy that DJS Community Justice Case Managers shall develop, implement and maintain a TSP for each youth under the authority of the Department. A Case Manager shall create a TSP with input from a youth, a parent or guardian, and a service provider as appropriate. Additionally, a TSP shall be based on a youth's needs in the areas of education, mental health, substance abuse, physical health, life skills, family dynamics and level of risk to the public safety. A TSP shall be recommended to the Court at each disposition hearing and implemented within twenty-five (25) days after the date of disposition.
3. **PROGRAM OBJECTIVES.** The expected results of this policy are that DJS:
 - a. Identifies, documents and tracks the needs and services provided to a youth and a youth's family during the entire extent of a youth's involvement with DJS;
 - b. Ensures that each youth receives a TSP that is used to assist in making pre-adjudication and post-adjudication recommendations to the court and to address a youth's treatment needs;
 - c. Collaborates with State and local agencies to work with youth and their families; and
 - d. Requires a Case Manager to complete and submit a *Certification of Implementation – Treatment Service Plan Form (Appendix 2)* to the Court of jurisdiction.
4. **AUTHORITY.**
 - a. Article 83C, §§2-102, 2-118 and 2-127, Annotated Code of Maryland.
 - b. Courts and Judicial Proceedings, § 3-8A-19.
 - c. Courts and Judicial Proceedings, §3-8A-20.1.

5. DEFINITIONS.

- a. *Case Manager* means a DJS staff person designated as such and assigned to provide case management services to youth under informal supervision, probation supervision, in residential programs and aftercare supervision.
- b. *Case Manager Supervisor* means a DJS supervisory staff person assigned to supervise a Case Manager and oversee case management functions.
- c. *Certification of Implementation - Treatment Service Plan* means a form that DJS submits to the courts notifying them whether or not DJS has implemented a TSP.
- d. *Preliminary Treatment Service Plan* means a written plan which identifies the needs, the treatment objectives and service linkages provided to a youth. The plan is to be utilized to make recommendations to the Court at a pre-adjudication or a pre-disposition hearing.
- e. *Service Provider* means a program or vendor utilized by DJS to provide the treatment needs for a youth.
- f. *Treatment Service Plan (TSP)* means a written plan which identifies the needs, the treatment objectives and service linkages provided to a youth. The plan is to be utilized to make recommendations to the Court at disposition and at various stages of a youth's involvement with the Department.

6. ACTION REQUIRED.

a. General Provisions.

- (1) Courts and Judicial Proceedings §3-8A-19 requires that a Treatment Service Plan (TSP) proposing specific assistance, guidance, treatment, or rehabilitation of a child be submitted by DJS at a disposition hearing to the Court and implemented within twenty-five (25) day after disposition.
- (2) Courts and Judicial Proceedings §3-8A-20.1 requires that:
 - (i) A Case Manager shall meet with the child who is the subject of the TSP and the child's parent, guardian or legal custodian to discuss the TSP; and
 - (ii) At a minimum the TSP shall include:
 - (a) The recommended level of supervision for the child,
 - (b) Specific goals for the child and family to meet, along with timeliness for meeting those goals,
 - (c) A statement of any condition that the child's parent, guardian, or legal custodian must change in order to alleviate any risks to the child,
 - (d) A statement of the services to be provided to the child and child's family; and
 - (e) Any other information that may be necessary to make a disposition consistent with the child's best interests and the protection of the public interest.

b. Procedure - Development of a TSP. A Case Manager shall:

- (1) Meet with a youth who is the subject of a TSP and the youth's parent, guardian or legal custodian to discuss the TSP, unless the parent, guardian or legal custodian is unable or refuses to meet, in which case the TSP shall indicate the reason for the inability or refusal to meet, if know;
- (2) Identify and meet with other agency staff as appropriate to supplement the youth's risks, needs and suitability for various treatment modalities;
- (3) Assess and review a youth's entire case history, including a Risk/Needs score, previous court ordered conditions and findings, physical and mental health, educational and vocational assessments and other relevant information;
- (4) Establish, with input from a youth and a parent or guardian, clinicians and other agency staff as appropriate, an implementation plan that addresses a youth's needs as identified during step 6.b.(1), and determine an appropriate service provider to assist in addressing each need;
- (5) Develop a preliminary TSP for youth in Secure Detention, Community Detention and Shelter Care before a scheduled adjudication hearing is held, review the TSP every ten (10) days and update whenever a change of status occurs;
- (6) Develop a preliminary TSP prior to disposition for adjudicated youth, review the TSP every ninety (90) days or whenever a change of status occurs;
- (7) Develop, modify or finalize, and implement a written TSP for each youth under supervision within twenty-five (25) days after the date of disposition;
- (8) Modify a TSP for each committed youth every ninety (90) days or whenever a change in status occurs;
- (9) List specific needs and services (expected TSP outcomes) of a youth and a youth's family, based on the information listed in 6.b.(3); and
- (10) Obtain a signed release form from a youth and a youth's parent, guardian or legal custodian to procure additional information as appropriate.

c. Content of a TSP. The TSP shall include at a minimum:

- (1) The recommended level of supervision for the youth;
- (2) The specific goals for the youth and family to meet, along with timelines for meeting those goals;
- (3) A statement of any condition that the youth's parent, guardian or legal

custodian must change in order to alleviate any risks to the youth;

- (4) A statement of the services to be provided to the child and child's family;
and
- (5) Any other information that may be necessary to make a disposition
consistent with the youth's best interests and the protection of the public
interest.

d. Procedure - Implementation of a TSP. A Case Manager shall:

- (1) Inform a youth and a youth's parent, guardian or legal custodian of a
youth's level of supervision, anticipated frequency of planned contacts,
and time frame for TSP reassessment;
- (2) Sign and date each TSP and have a youth and a youth's parent, guardian
or legal custodian sign each TSP;
- (3) Initial each subsequent revision to a TSP and request that a youth and a
youth's parent, guardian or legal custodian initial the same revision;
- (4) Have initialed and updated TSPs reviewed, approved, signed and dated by
an assigned supervisor;
- (5) Provide a youth and a youth's parent, guardian or legal custodian a copy
of each approved TSP;
- (6) Complete the **Certification of Implementation- Treatment Service Plan
Form** and retain a copy of this form in the youth's case file attached to the
approved TSP;
- (7) Forward the **Certification of Implementation- Treatment Service Plan
Form** to the Court with jurisdiction no later than twenty-five (25) days
after disposition;
- (8) Continue to develop a TSP and seek appropriate alternatives when the
Court has scheduled a disposition review hearing for TSPs not
implemented within twenty-five (25) days of disposition;
- (9) Forward a **Certification of Implementation – Treatment Service Plan
Form** to the Court when the TSP is implemented prior to a scheduled
disposition review hearing;
- (10) Maintain a current, updated copy of each TSP and **Certification of
Implementation – Treatment Service Plan Form** in a youth's case file
and on ASSIST;
- (11) Forward a TSP to a residential placement for filing in a youth's residential
case file and request that a copy of the TSP is made available to other

appropriate individuals;

- (12) Visit each youth committed to a public or private agency or institution at the youth's placement as ordered by the Court and at a minimum not less than once every month;
- (13) Review and update each TSP every ninety (90) days after a disposition hearing, or as necessary to reflect a change in a youth's status and to insure youth and families are working toward accomplishing stated goals and positive outcomes; and
- (14) Forward a copy of the most recent TSP for Intensive Aftercare Youth to the court prior to a youth's release from placement.

e. **Procedure – Supervisory Monitoring of the TSP Process.** A Case Manager Supervisor shall:

- (1) Ensure that a Case Manager develops a preliminary TSP for youth in Secure Detention, Community Detention and Shelter Care before a scheduled adjudication hearing is held;
- (2) Ensure that a Case Manager has developed a preliminary TSP for adjudicated youth prior to disposition;
- (3) Ensure that a Case Manager has developed and implemented a TSP for each youth under supervision within twenty-five (25) days after the date of disposition;
- (4) Ensure that a Case Manager completes a **Certification of Implementation - Treatment Service Plan Form** and submit the form to the Court with jurisdiction no later than twenty-five (25) days after disposition;
- (5) Ensures that a Case Manager continues to develop a TSP and seek appropriate alternatives in the event that a **Certification of Implementation – Treatment Service Plan Form** has not been implemented within twenty-five (25) days after disposition;
- (6) Ensures that a Case Manager forwards a **Certification of Implementation – Treatment Service Plan Form** to the Court when the TSP is implemented prior to a scheduled disposition review hearing;
- (7) Ensures that a Case Manager retains a copy of the **Certification of Implementation – Treatment Service Plan Form** in a youth's case file attached to an approved TSP;
- (8) Conduct quarterly reviews of case files for youth under the supervision of a Case Manager; and

- (i) Determine any revisions or updates that need to be made to a TSP;
- (ii) Ensure that an updated TSP is maintained in a youth's case file according to this policy; and
- (iii) Ensure that a Case Manager visits each youth committed to a public or private agency or institution as ordered by the Court and at a minimum of not less than once every month..

7. EFFECTIVE DATE.

This directive is effective on 1-31-02 (Revised 09/08/03) and shall remain in effect until rescinded by the Secretary or suspended by law or regulation.

8. DIRECTIVES /POLICIES AFFECTED.

- a. Directives/Policies Rescinded – **CJ-2-02 (Treatment Service Plan)**
- b. Directives/Policies Referenced – **(None)**

9. FAILURE TO COMPLY.

Failure to obey a Secretary's Directive or policy issued with this document shall be grounds for disciplinary action.

Approved: “/s/ signature on original copy”
Kenneth C. Montague, Jr.
Secretary

Appendices – 2

- 1. Treatment Service Plan and General Instructions
- 2. Certification of Implementation – Treatment Service Plan Form

TREATMENT SERVICE PLAN (TSP)

GENERAL INSTRUCTIONS

A. Persons Required to Complete TSPs

All DJS Case Managers with the responsibility of supervising youth are required to complete TSPs. DJS Case Managers working in a residential facility are required to initiate TSPs for youth in detention pending adjudication. Additionally, DJS facility Case Managers are required to work in tandem with DJS Community Justice Case Managers to implement TSPs. DJS community justice Case Managers are required to initiate TSPs for adjudicated youth pending disposition. All DJS Case Managers are required to complete and implement TSPs for adjudicated youth following disposition.

B. When to Complete TSPs

Preliminary TSPs are initiated for youth in detention pending an adjudication hearing. Preliminary TSPs are initiated for adjudicated youth prior to disposition. TSPs are further developed, modified, and implemented within 25 days of a disposition hearing placing a youth on probation supervision or committing a youth for placement. TSPs must be updated at a minimal interval of 90-days, and as necessary to reflect a change in a youth's status. Any service rendered, or assessment conducted within six months of initiation of a TSP can be added if necessary.

C. Where to Get TSP Forms

A Treatment Service Plan (TSP) form is available in ASSIST. The first page of the TSP form is in "type over" mode, and underlines new text as added. Once the TSP form is generated, it is accessible at the Person View screen for the client by clicking on File/Doc Gen. The TSP form can be generated from the Folder Event List screen of any of the following types of ASSIST folders:

Aftercare	Investigation
Administrative	Probation
Community	Pre-court Supervision
Intake	Protective Supervision

Questions about generating the TSP document in ASSIST are handled by the IT Help Desk at (410) 230-3434.

D. Form Instructions

Date of Initiation

This is the date that preliminary TSP planning begins. For detention youth, this is prior to adjudication. For adjudicated youth who were not detained, this date is prior to disposition. This date will remain constant and serve as the introduction of service linkage and delivery.

Section I

(1) IDENTIFICATION (General information about the youth)

Youth's Name – Name of youth must be consistent with ASSIST record

Youth's D.O.B. – Must be consistent with ASSIST record

Youth's Social Security Number – Must be consistent with ASSIST record

Youth's Address – This is the youth's permanent address in the community

Youth's Phone Number – Must be consistent with ASSIST record

Youth's Medicaid/Insurance Number – This can be for a public or private health care provider

Primary Caregiver of Youth – This is the youth's parent or legal guardian

DJS ID Number – Youth's ASSIST number

Current Age – Age must be consistent with D.O.B.

Gender – Sex of child at birth

Race/Ethnicity – Only one category should be circled

(2) CASE INFORMATION (General information about the youth's case)

Residential Program – This is applicable to aftercare youth. This is the name of the residential facility that the youth is committed to

Scheduled Release Date – This is applicable to aftercare youth. This is the anticipated release date from a particular residential facility.

Institutional Case Managers – This is applicable to youth in detention and aftercare youth. This is the residential facility Case Managers. This person can be a non-DJS employee

Aftercare Case Manager – This is applicable to aftercare youth. This is the Case Manager assigned aftercare responsibilities for intensive or standard supervision.

Tracker/Monitor – This is applicable to aftercare youth. This is the Case Manager assigned aftercare responsibilities for intensive supervision

Community Case Manager – This is the Case Manager assigned probation responsibilities or aftercare responsibilities upon a youth's return to the community from a residential placement.

Electronic Monitoring/Tracker – This is the Case Manager assigned supervision responsibilities through the Community Detention Program.

Family Intervention Specialist – This is the mental health professional assigned clinical responsibilities for the youth and family.

Initial Risk/Need Score – These are the initial scores used to determine level of care and supervision status. These scores are based on a validated risk/need instrument.

Supervision Level – The level of contact varies depending on the youth's supervision status. A DJS classification system and SOPs for aftercare guide supervision levels.

Phone Number(s) – Can be office numbers and/or cellular phone numbers.

Section II

(1) ASSESSMENTS

This section must include any assessment completed on a youth at the time of initiation of the TSP form, and/or at any point thereafter. When a new assessment is conducted, all pertinent information must be added. The assessment section determines the type of need and dictates the type of service linkage(s).

Revised September 2003

1st Column – This is the actual date that an assessment was conducted.

2nd Column – The type of assessment must be identified. The assessment can be DJS initiated (i.e., Stage I or Stage II assessments) or from outside entities such as mental health agencies, substance abuse programs, educational departments, or court ordered psychiatric/psychological testing.

3rd Column – All subsequent follow-up assessment dates must be noted.

(2) IDENTIFIED NEEDS

This section pertains to needs identified (via assessments) at the time of initiation of the TSP form and/or at any point thereafter. This section must be added to or modified whenever a new assessment is conducted.

1st Column – The “type of need” identified should be consistent with the following domain areas: Education, Mental Health, Substance Abuse, Physical Health, Cognitive Awareness, and Family Services. Specifically, the aforementioned domain areas should be included in the “type of need” column.

2nd Column – This section refers to anticipated service delivery. The specificity of a service will be further elaborated on in one of the domain sections of the form. Thus, any information included in this section should be brief.

Section III

(1) EDUCATIONAL SERVICES

Educational services include, but are not limited to, any current private and/or public school program (full or part-time), alternative program, vocational program, GED program, ROTC program, tutoring program, or college.

If a youth is participating in a particular education program, or is slated to be admitted into a particular education program, the specifics of the program should be documented in this section. For youth admitted to a residential facility, the educational program at said facility should be recorded. In anticipation of an aftercare youth’s reentry to the community, educational services should be identified within such and recorded in the “transition services” section. Upon discharge from a residential facility, programs identified as “transition services” should be recorded in the main educational service chart.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording educational services.

1st Column – “Place of Service” refers to whether or not a youth is participating in an educational program in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – “Program Name” refers to the specific educational program name.

3rd Column – “Date Referred” is the actual date that a referral contact is made.

4th Column – “Referral Outcome” is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility criteria] or (5) youth refused [no show]. Only one of the aforementioned numbers will be recorded in this column.

5th Column – “Date Entered” is the actual date that service delivery begins.

6th Column – “Hours/Days per Week” is the actual time that a youth spends participating in a particular program (can be an estimate if the exact hours are not known or vary).

7th Column – “Date Terminated” is the actual date that service delivery ends.

8th Column – “Termination Type” is the reason for termination from a particular education program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

- (2) **EDUCATIONAL GOALS** – This section requires that DJS Case Managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that a particular goal will be attained.
- (3) **TRANSITION SERVICES** – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section “Service provided in the Facility.” Upon discharge from a residential program, “transition services” should be recorded in the main service chart.

1st Column – “Program Name” refers to the education program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – “Date Contacted” is the actual date that an education program is notified of a prospective referral.

3rd Column – “Service Provided in Facility” is any component of an education program that is brokered from the community to a residential facility.

Section IV

(1) MENTAL HEALTH SERVICES

Mental health services include, but are not limited to, any individual and/or group counseling service (public or private/inpatient or outpatient) for a psychological, psychotic, or neurological disorder.

If a youth is receiving a particular mental health service, or is slated to be admitted into a particular mental health program, the specifics of the program should be documented in this section. For youth admitted to a residential facility, the mental health services at said facility should be recorded. In anticipation of an aftercare youth’s reentry to the community, mental health services should be identified within such and recorded in the “transition services” section. Upon discharge from a residential facility, programs identified as “transition services” should be recorded in the “mental health service” chart.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording mental health services.

1st Column – “Place of Service” refers to whether or not a youth is receiving mental health services in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – “Program Name” refers to the specific mental health service group or program.

3rd Column – “Date Referred” is the actual date that a referral contact is made.

4th Column – “Referral Outcome” is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility criteria] or (5) youth refused/no show. Only one of the aforementioned numbers will be recorded in this column.

5th Column – “Date Entered” is the actual date that service delivery begins.

6th Column – “Hours/Days per Week” is the actual time that a youth spends receiving a service or participating in a particular program (can be an estimate if the exact hours are not known or vary).

7th Column – “Date Terminated” is the actual date that service delivery ends.

8th Column – “Termination Type” is the reason for termination from a particular education program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

- (2) **MENTAL HEALTH GOALS** – This section requires that DJS Case Managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that a particular goal will be attained.
- (3) **TRANSITION SERVICES** – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section “Service provided in the Facility.” Upon discharge from a residential program, “transition services” should be recorded in the main service chart.

1st Column – “Program Name” refers to the mental health service or program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – “Date Contacted” is the actual date that a mental health service or program is notified of a prospective referral.

3rd Column – “Service Provided in Facility” is any component of a mental health service or program that is brokered from the community to a residential facility.

Section V

(1) SUBSTANCE ABUSE SERVICES

Substance abuse services include, but are not limited to, any individual and/or group counseling service (public or private/outpatient or inpatient) for youth diagnosed with chemical dependency or in need of substance abuse education, testing, and/or prevention classes.

If a youth is participating in a substance abuse program, or is slated to be admitted into a substance abuse program, the specifics of the program should be documented in this section. For youth admitted to a residential facility, substance abuse services offered at said facility should be recorded. In anticipation of an aftercare youth’s reentry to the community, substance abuse services should be identified within such and recorded in the “transition services” section. Upon discharge from a residential facility, programs or services identified as “transition services” should be recorded in the “substance abuse service” chart.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording substance abuse services.

1st Column – “Place of Service” refers to whether or not a youth is receiving substance abuse services in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – “Program Name” refers to a specific substance abuse program or service.

3rd Column – “Date Referred” is the actual date that a referral contact is made.

4th Column – “Referral Outcome” is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility criteria], or (5) youth refused [no show]. Only one of the aforementioned numbers will be recorded in this column.

5th Column – “Date Entered” is the actual date that service delivery begins.

6th Column – “Hours/Days per Week” is the actual time that a youth spends receiving a service or participating in a particular program (can be an estimate if the exact hours are not known or if they vary).

7th Column – “Date Terminated” is the actual date that service delivery ends.

8th Column – “Termination Type” is the reason for termination from a particular substance abuse service or program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

- (2) **SUBSTANCE ABUSE GOALS** – This section requires that DJS Case Managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that a particular goal will be attained.
- (3) **TRANSITION SERVICES** – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section “Service provided in the Facility.” Upon discharge from a residential program, “transition services” should be recorded in the main service chart.

1st Column – “Program Name” refers to the substance abuse service or program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – “Date Contacted” is the actual date that a service or program is notified of a prospective referral.

3rd Column – “Service Provided in Facility” is any component of a substance abuse service or program that is brokered from the community to a residential facility.

Section VI

(1) PHYSICAL HEALTH SERVICES

Physical health services include any healthcare treatment or physical therapy for chronic or minor physical ailments (public or private/outpatient or inpatient).

If a youth is participating in physical therapy or seeing a doctor for a physical ailment, the specifics of his/her treatment should be documented in this section. For youth admitted to a hospital for treatment, services rendered at a particular facility should be recorded. In anticipation of an aftercare youth’s reentry to the community, treatment services for physical ailments should be identified within such and recorded in the “transition services” section. Upon discharge from a residential facility, programs or services identified as “transition services” should be recorded in the “physical health services” section.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording physical health services.

1st Column – “Place of Service” refers to whether or not a youth is receiving physical healthcare in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – “Program Name” refers to the specific physical health program or service.

3rd Column – “Date Referred” is the actual date that a referral contact is made.

4th Column – “Referral Outcome” is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility criteria], or (5) youth refused [no show]. Only one of the aforementioned numbers will be recorded in this column.

5th Column – “Date Entered” is the actual date that service delivery begins.

6th Column – “Hours/Days per Week” is the actual time that a youth spends receiving a service or participating in a particular program (can be an estimate if the exact hours are not known or if they vary).

7th Column – “Date Terminated” is the actual date that service delivery ends.

8th Column – “Termination Type” is the reason for termination from a particular healthcare service or program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

- (2) **PHYSICAL HEALTH SERVICES GOALS** – This section requires that DJS Case Managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that a particular goal will be attained.
- (3) **TRANSITION SERVICES** – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section “Service provided in the Facility.” Upon discharge from a residential program, “transition services” should be recorded in the main service chart.

1st Column – “Program Name” refers to the physical health service or program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – “Date Contacted” is the actual date that a physical health service or program is notified of a prospective referral.

3rd Column – “Service Provided in Facility” is any component of a physical health service or program that is brokered from the community to a residential facility.

Section VII

(1) COGNITIVE AWARENESS PROGRAMMING

Cognitive Programming includes, but is not limited to, life skills training, Moral Reconciliation Therapy (MRT), Victim Awareness Education Program (VAEP), anger management training, mentoring programs, gender specific programs, automobile theft programs, and shoplifting abatement classes.

If a youth is participating in a cognitive awareness program, or is slated to be admitted into a specific program, the details of his/her service requirements should be documented in this section. In anticipation of an aftercare youth’s reentry to the community, cognitive awareness programming should be identified within such and recorded in the “transition services” section. Upon discharge from a residential facility, programs or services identified as “transition services” should be recorded in the “cognitive programming” section.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording cognitive awareness programming.

1st Column – “Place of Service” refers to whether or not a youth is participating in a cognitive awareness program in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – “Program Name” refers to the specific cognitive awareness program.

3rd Column – “Date Referred” is the actual date that a referral contact is made.

4th Column – “Referral Outcome” is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility]

criteria], or (5) youth refused [no show]. Only one of the aforementioned numbers will be recorded in this column.

5th Column – “Date Entered” is the actual date that service delivery begins.

6th Column – “Hours/Days per Week” is the actual time that a youth spends participating in a particular program (can be an estimate if the exact hours are not known or if they vary).

7th Column – “Date Terminated” is the actual date that service delivery ends.

8th Column – “Termination Type” is the reason for termination from a particular education program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

- (2) **COGNITIVE AWARENESS PROGRAMMING GOALS** – This section requires that DJS Case Managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that the goal will be attained.
- (3) **TRANSITION SERVICES** – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section “Service provided in the Facility.” Upon discharge from a particular program, “transition services” should be recorded in the main service chart.

1st Column – “Program Name” refers to the education program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – “Date Contacted” is the actual date that an education program is notified of a prospective referral.

3rd Column – “Service Provided in Facility” is any component of an education program that is brokered from the community to a residential facility.

Section VIII

(1) FAMILY SERVICES

Family services are those programs designed to improve the youth’s global functioning in his home and community, and to increase family well being. These are programs that enable families and children to live in a safe and nurturing environment, and provide a wide range of services to help identify and resolve problems which threaten family and individual functioning. Family services include, but are not limited to, family counseling, parenting classes, individual therapy for family members (including siblings), and self-help groups for parents.

The first part of this section is used to briefly define the statement/condition that a parent must change in order to alleviate any risk(s) to the child. Essentially, the statement/condition noted will indicate the type of services /goals that will be outlined in the service delivery segment.

If a youth and/or family member is participating in a program to enhance family functioning, or is slated to be admitted into a specific program, the details of service requirements should be documented in this section. In anticipation of an aftercare youth’s reentry to the community, services to enhance family functioning should be identified within such and recorded in the “transition services” section. Upon discharge from a residential facility, programs or services identified as “transition services” should be recorded in the “family services” section.

Code as Follows – *Place of Service, Referral Outcome, and Termination Type* – Codes used in recording family services.

1st Column – “Place of Service” refers to whether or not a youth and his family are receiving family support, or participating in a family service program, in the community or within the confines of a residential facility (for committed youth). Use either code (C) or (F) to delineate the difference between the two.

2nd Column – “Program Name” refers to a specific family service or program name.

3rd Column – “Date Referred” is the actual date that a referral contact is made.

4th Column – “Referral Outcome” is the result of the referral contact. There are five possible options for referral outcome: (1) admitted, (2) waiting list, (3) denied admission [financial reasons], (4) denied admission [eligibility criteria], or (5) youth refused [no show]. Only one of the aforementioned numbers will be recorded in this column.

5th Column – “Date Entered” is the actual date that service delivery begins.

6th Column – “Hours/Days per Week” is the actual time that a youth and/or his family spend receiving family services or participating in a specific program (can be an estimate if the exact hours are not known or if they vary).

7th Column – “Date Terminated” is the actual date that service delivery ends.

8th Column – “Termination Type” is the reason for termination from a particular service or program. There are five possible options for referral outcome: (1) successful, (2) left program/dropped out, (3) expelled, (4) transfer, or (5) other. Only one of the aforementioned categories will be selected for this column. If category (5) is selected an explanation should follow.

- (2) FAMILY SERVICES GOALS – This section requires that DJS Case Managers outline TSP goals and provide expected timeframes for meeting said goals. Each objective/expected result should be listed and include the month/year for which it is anticipated that a particular goal will be attained.
- (2) TRANSITION SERVICES – This section is applicable to aftercare youth. If a youth is committed to a residential facility, transition services are required and should be identified for reentry planning. Upon discharge from a particular program, “transition services” should be recorded in the main service chart. If transition services are rendered prior to reentry into the community, the information should be recorded appropriately in the section “Service provided in the Facility.”

1st Column – “Program Name” refers to the family service or program identified for reentry into the community, or brokered from the community to a residential facility.

2nd Column – “Date Contacted” is the actual date that service program is notified of a prospective referral.

3rd Column – “Service Provided in Facility” is any component of a service or program that is brokered from the community to a residential facility.

Section IX

(1) GRADUATED RESPONSES

Violations and Sanctions

This section is used to document and hold youth accountable for non-compliance of court-ordered conditions, program expectations, and/or supervision requirements.

1st Column – This is the date that an event/activity occurs.

2nd Column – “Type of Violation” refers to any instance of or non-compliance to program expectations/supervision requirements according to DJS policy. All violations should be recorded from the time

of a youth's initial involvement with DJS through termination of legal jurisdiction, regardless of the nature of the act or particular offense. Violations must be recorded in the order of occurrence.

3rd Column – “Sanction” refers to the response to any instance of non-compliance to program expectations/supervision requirements. An imposed sanction must be attached to all recorded violations from the time of a youth's initial involvement with DJS through termination of legal jurisdiction, regardless of the nature of the act or particular offense. Sanctions must be recorded in the order that they are administered.

Positive Adjustment & Rewards

This section is used to document rewards and incentives given to youth for adhering to court-ordered conditions, program expectations, and/or supervision requirements.

1st Column – This is the date that an event/activity occurs.

2nd Column – “Type of Positive Adjustment” refers to any instance of positive compliance to program expectations/supervision requirements in accordance to DJS policy and court conditions. All positive adjustments should be recorded from the time of a youth's initial involvement with DJS through termination of jurisdiction.

3rd Column – “Reward” refers to any activity, event, or acknowledgment given to a youth for a positive adjustment. A reward should be attached to all recorded positive adjustment instances, from the time of a youth's initial involvement with DJS through termination of legal jurisdiction. Rewards should be recorded in the order that they are given.

Section X

(1) SUPERVISION REQUIREMENTS

This section refers to Court ordered conditions and/or service guidelines as defined by Departmental operating procedures.

Code as Follows – *Type of Supervision, Type of Termination, Supervision Requirements* - Codes used in recording supervision requirements.

1st Column – “Date” is the actual date that information is being inputted.

2nd Column – “Type of Supervision” is the supervision status of adjudicated youth under jurisdiction of the Department. There are five possible options for supervision type: (1) intensive aftercare, (2) aftercare, (3) probation [low], (4) probation [med] (5) probation [high]. Only one of the aforementioned numbers will be recorded in this column.

3rd Column – “Supervision Requirements” are special conditions or restrictions established by the Court or DJS operating procedures. There are six possible options for supervision requirements: (1) evening reporting center, (2) electronic monitoring, (3) curfew, (4) drug testing (5) community service, and (6) restitution. Only one of the aforementioned numbers will be recorded in this column.

4th Column – “Frequency of Contacts” are the number of required face-to-face visits, telephoning, or days of reporting for a particular supervision requirement.

5th Column – “Date of Termination” is the actual date that a reporting requirement is no longer necessary.

6th Column – “Type of Termination” is the reason for the discontinuation of a reporting requirement. There are six possible options for termination type: (1) successful, (2) inter-state compact, (3) waiver of jurisdiction, (4) transfer of jurisdiction, (5) age of majority, (6) other. Only one of the aforementioned numbers will be recorded in this column. If category (6) is selected an explanation should follow.

Signatures

(1) SIGNING THE DOCUMENT

The TSP signature page should be signed by all involved parties and dated on the day of initiation. It may be given to a youth or parent upon request. All subsequent modifications or additions (as required by DJS policy) should be initialed and dated by the youth, the parent/guardian and all involved parties, as necessary. Initialing an addition or modification can be included on the signature page or on the particular page where the addition or modification is made.

If a parent/guardian refuses to sign the TSP it should be noted with an explanation (if known or available).

***Department of Juvenile Services
Restorative Justice Operations***

Treatment Service Plan (TSP)

Date of Initiation: ____/____/____

SECTION I

1. Identification

Youth's Name: _____

DJS ID#: _____

Youth's D.O.B.: ____/____/____

Current Age: _____

Youth's SS#: _____

Gender: M F

Youth's Address: _____

Race/Ethnicity:

1. Caucasian
2. African American
3. Hispanic/Latino
4. Asian/Pacific Islander
5. Native American
6. Other : _____

Youth's Phone #: _____

Youth's Medicaid/Insurance #: _____

Primary Caregiver of Youth: _____

2. Case Information

* Residential Program: _____

* Scheduled Release Date: _____

* Institutional Case Manager: _____

Phone #: _____

* Aftercare Case Manager: _____

Phone #: _____

* Tracker Monitor: _____

Phone #: _____

Community Case Manager: _____

Phone #: _____

Electronic Monitoring Tracker: _____

Phone #: _____

Family Intervention Specialist _____

Phone#: _____

Initial Risk/Need Score: _____

Supervision Level: _____

*** Only applies to Aftercare youth**

SECTION II

ASSESSMENTS

'Type' refers to: risk/need assessment, psychological and/or psychiatric evaluation, drug assessment (e.g., SASSI), educational evaluation (e.g., WRAT), progress assessment, etc.

Date	Type & Name	Date of Next Assessment

Code as follows:

Type of Need

- | | |
|--------------------|--------------------|
| 1. Education | 4. Physical Health |
| 2. Mental Health | 5. Life Skills/MRT |
| 3. Substance Abuse | 6. Family |

Identified Needs *(as identified by Assessment)*

Type of Need	Briefly describe anticipated programming requirements (include details in applicable sections)

SECTION III

EDUCATIONAL SERVICES

Code as follows:

Place of Service

- (F) Facility
(C) Community

Referral Outcome

1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. Youth Refused/No Show

Termination Type

1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. Other (specify)

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Educational Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

** Transition Services*

Program Name	Date Contacted	Service Provided in Facility

*** Only applies to Aftercare youth**

SECTION IV

MENTAL HEALTH SERVICES

Code as follows:

Place of Service

(F) Facility

(C) Community

Referral Outcome

1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. Youth Refused/No Show

Termination Type

1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. Other (specify)

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Mental Health Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

** Transition Services*

Program Name	Date Contacted	Service Provided in Facility

*** Only applies to Aftercare youth**
SECTION V

SUBSTANCE ABUSE SERVICES

Code as follows:

Place of Service

- (F) Facility
(C) Community

Referral Outcome

1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. Youth Refused/No Show

Termination Type

1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. Other (specify)

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Substance Abuse Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

* Transition Services

Program Name	Date Contacted	Service Provided in Facility

- Only applies to Aftercare youth

SECTION VI

PHYSICAL HEALTH SERVICES

Code as follows:

Place of Service

- (F) Facility
(C) Community

Referral Outcome

1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. Youth Refused/No Show

Termination Type

1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. Other (specify)

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Physical Health Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

** Transition Services*

Program Name	Date Contacted	Service Provided in Facility

- Only applies to Aftercare youth

SECTION VII

COGNITIVE AWARENESS PROGRAMMING

Code as follows:

Place of Service

- (F) Facility
(C) Community

Referral Outcome

1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. Youth Refused/No Show

Termination Type

1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. Other (specify)

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Cognitive Awareness Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

** Transition Services*

Program Name	Date Contacted	Service Provided in Facility

- Only applies to Aftercare youth

SECTION VIII

FAMILY SERVICES

Revised September 2003

Statement/Condition that the youth's parent must change in order to alleviate any risks to the child:

Code as follows:

Place of Service

(F) Facility

(C) Community

Referral Outcome

1. Admitted
2. Waiting List
3. Denied Admission (Financial Reasons)
4. Denied Admission (Eligibility Criteria)
5. Youth Refused/No Show

Termination Type

1. Successful
2. Left Program/Dropped Out
3. Expelled
4. Transfer
5. Other (specify)

Place of Service	Program Name	Date Referred	Referral Outcome	Date Entered	Hours/Days per Week	Date Terminated	Termination Type

Family Services Goals

Objective/Expected Results	Time Frame for Completion (month/year)
1.	
2.	
3.	
4.	
5.	

Transition Services

Program Name	Date Contacted	Service Provided in Facility

*** Only applies to Aftercare youth**

SECTION IX

GRADUATED RESPONSES

Violation & Sanctions

Date	Type of Violation	Sanction

Positive Adjustment & Rewards

Date	Type of Positive Adjustment	Reward

NOTES:
SECTION X

SUPERVISION REQUIREMENTS

Code as follows:

Type of Supervision

1. Intensive Aftercare
2. Aftercare
3. Probation (Low)
4. Probation (Moderate)
5. Probation (High)
6. Administrative
7. Secondary

Supervision Requirements (one entry per line)

1. Evening Reporting Center
2. Electronic Monitoring
3. Curfew
4. Drug Testing
5. Community Service
6. Restitution

Type of Termination

1. Successful
2. Inter-state Compact
3. Waiver of Jurisdiction
4. Transfer of Jurisdiction
5. Age of Majority
6. Other (specify)

Date	Type of Supervision	Supervision Requirements	Frequency of Contact	Date of Termination	Type of Termination

*** Signing this document indicates agreement with this Treatment Service Plan ***

Youth: _____ Date: _____
Signature Initials

**Parent/Guardian: _____ Date: _____
Signature Initials

* Residential Case Manager: _____ Date: _____
Signature

* Aftercare Case Manager: _____ Date: _____
Signature

Community Case Manager: _____ Date: _____
Signature

Case Manager Supervisor: _____ Date: _____
Signature

Family Intervention Specialist _____ Date: _____
Signature

****STATEMENT OF CIRCUMSTANCE AS TO WHY PARENT/GUARDIAN IS UNAVAILABLE OR REFUSES TO SIGN:**

*** *Only applies to Aftercare youth***

IN THE MATTER OF

IN THE CIRCUIT COURT FOR

.....

SITTING AS A JUVENILE COURT
NO.

.....
RESPONDENT

CERTIFICATION OF IMPLEMENTATION - TREATMENT SERVICE PLAN

Pursuant to Courts and Judicial Proceedings Article, §3-8A-20.1, this is to certify that the Treatment Service Plan for, which was recommended by the Department of Juvenile Services at a disposition hearing and approved by the Court:

" Was implemented as of
(date)

" Was not implemented as of
(date)

.....
Case Manager/Juvenile Counselor (date)

.....
Supervisor (date)



**MARYLAND DEPARTMENT OF JUVENILE SERVICES
EMPLOYEE STATEMENT OF RECEIPT
(SECRETARY'S DIRECTIVE)**

OPI: Office of Restorative Justice Operations
NUMBER: CJ-2-03
EFFECTIVE DATE: 1-31-02 (Revised 09/08/03)
SUBJECT: Treatment Service Plan (TSP) Policy

I have received one (1) copy (electronic or paper) of the Secretary's Directive as titled above.

SIGNATURE

PRINTED NAME

DATE

***(THE ORIGINAL COPY MUST BE RETURNED TO YOUR IMMEDIATE SUPERVISOR FOR FILING
WITH PERSONNEL, AS APPROPRIATE.)***